



National **Kidney** Foundation™

of Indiana

NKFI Kidney Camp
June 3-7, 2022
2022 Volunteer Application

Please complete and return this form by April 15, 2022

Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone(s) h(____) _____ c (____) _____ w_(____) _____

E-mail _____

Professional Training:

____ Nurse Practitioner-(type) _____

____ Nurse-(degree and area of practice) _____

____ Nursing Student and what year: _____

____ Medic: _____

____ Pharmacist

____ Pharmacy Student (What year _____)

____ Renal Social Worker

____ Renal Dietitian

____ Dialysis Tech

____ Kidney/Dialysis/Transplant Patient-(please circle)

____ Other (Please

Describe) _____

COVID-19 Vaccine Status:

At minimum, volunteers must be fully vaccinated for COVID (i.e. at least two-weeks post your second dose of the two-dose COVID-19 vaccination series by June 1 OR two weeks post your shot of the single dose vaccine by June 1st. **This means you should have received all your vaccine doses by May 18th, 2022. Please attach a copy of your vaccination card with your application.**

Recommendations as to what is considered “fully vaccinated” continue to change as our knowledge of COVID-19 disease grows. Currently, if a camper or volunteer is eligible for a third dose of vaccine, then we strongly recommend the 3rd dose be given before the start of camp, so as to best protect our campers and staff from a camp-related outbreak. If the CDC updates guidance as to the definition of “full vaccination,” then we will update our requirements accordingly.

_____ My primary series is complete. I have received both shots of the two-dosage vaccine or I have received the single shot.

Date of First shot _____ **Date of Second shot** _____

_____ My primary series is complete and I have received the booster.

Date of First shot _____ **Date of Second shot** _____ **Date of Booster** _____

_____ My primary series is complete and I am scheduled for the booster.

Date of First shot _____ **Date of Second shot** _____ **Scheduled Date of Booster** _____

_____ I am scheduled to receive the COVID-19 vaccine primary series.

Scheduled Date of first dose _____ **Scheduled Date of Second Dose** _____

_____ None of these apply to me

Camp Availability

Friday June 3

Saturday June 4

Sunday June 5

Monday June 6

Tuesday June 7

Circle t-shirt size: ADULT- S M L XL 2XL 3XL

Volunteer Experience:

Describe your experience working with children

Have you ever been a camp chaperone or been involved in a similar experience?

Yes _____ No _____

If yes, please describe

How do you see yourself contributing to kidney camp?

Medical Information:

Emergency contact name: _____ Relation to you _____

Home phone _____ Work Phone _____ Cell _____

Address, City, State, Zip _____

Physician

Name _____

Address, City, State, Zip

Phone _____

Dentist

Name _____

Address, City, State, Zip

Phone _____

Medical Information

Allergies _____

Describe Allergic Reaction

Special Dietary Needs

Applications are due April 15th, 2022

Please list any conditions you are aware of or have been told by a physician that we should be aware of (e.g. pregnant, injuries, surgeries, arthritis, heart disease, high blood pressure, seizures, fainting,)

ACCEPTANCE AS A VOLUNTEER DEPENDS ON:

- Past successful experience as a camp volunteer
- Results of background check
- Spots available and if your availability meets staffing needs
- Completing volunteer forms on time

If you know of persons interested in volunteering, please have them contact NKFI right away.

Direct questions and forms to:

National Kidney Foundation of Indiana
 Attn: Joy Araujo
 911 E. 86th ST, Suite 100
 Indianapolis, IN 46240

joya@kidneyindiana.org

Phone: 317-722-5640

Fax: 317-722-5650

I agree that the information provided is true to my knowledge.

(Participant Signature) (Date)

(Print name)



National Kidney Foundation®
of Indiana

Kidney Camp -Authorization for Background Information Check

During the application process and at any time during the tenure of my employment/volunteering with the National Kidney Foundation of Indiana (NKFI) I hereby authorize LexisNexis Screening Solutions, Inc., on behalf of NKFI to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

I release the NKFI and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and legal name and all information is true and correct:

Full Name _____ Date of Birth _____

Maiden Name _____ Other Names Used _____

Present Address _____ How long? _____

City _____ State _____ Zip _____

Former Address _____ How long? _____

City _____ State _____ Zip _____

Phone(s) with area code: h _____ c _____ w _____

E-mail _____

Social Security Number _____ Driver's License Number _____ State of License _____

Employer & Supervisor (if not currently employed, need previous) City _____ Phone _____

Have you ever been convicted of a crime, including sex-related or child-abuse related offenses? N__ Y__

If yes, please provide the date, location, and reason for the conviction, and any sentence received.

Signature _____ Date _____

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4/5/2021